

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

1265

63-035741

STATE FILE NUMBER

FILED SEP 24 1963

## 1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Springfield

Length of stay in 1b

12 days

c. FULL NAME OF (If not in hospital, give location)  
HOSPITAL OR  
INSTITUTION

St. Johns

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Christian

c. CITY OR TOWN

Billings

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

JOHN

Middle

ERNEST

Last

GARBEE

4. DATE OF DEATH

Month

September 11

Day

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

Never Married ☒ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

July 19, 1887

## 9. AGE (last birthday)

76

## 10. IF UNDER 1 YEAR

Months Days Hours Min.

## 11. IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Contractor & Builder

10b. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (City and state or country)

Billings, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John R. Garbee

13b. MOTHER'S MAIDEN NAME

Mary Schmidt

14. NAME OF HUSBAND OR WIFE

Oma Garbee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

02

17. INFORMANT

Mrs Frances Roop, Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

4 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

prostatic obstruction

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-13-63 to 9-11-63 and last saw her alive on 9-11-63. Death occurred at 1:35 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS 609 Cherry Street Springfield, Mo.

22c. DATE SIGNED

9-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Sept 13, 1963

23c. NAME OF CEMETERY OR CREMATORY

Maple Park Cemetery

23d. LOCATION (City, town, or county)

Springfield, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Jewell E. Windle, Springfield, Mo.

25. DATE RECD. BY LOCAL REG.

9-18-63

26. REGISTRAR'S SIGNATURE

(Signature)

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF.

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

9-12-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Bernard F. Wright*

Licensed Embalmer No. 4293

P. O. Address

*Springfield, mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.